Effective on 12/08/2004.					Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/521,040							
FEE TRANSMITTAL					Filing Date 8/16/2005			***************************************				
For FY 2008					First Named Inventor Herman Jan Tijmen Coelingh Bennink e			Bennink et al.				
Applicant claims small entity status. See 37 CFR 1.27						Mei-Ping						
1 Approvate Gains Small Chity Status. See 37 GFK 1.27				Art Unit 1616								
TOTAL AMOUNT OF PAYMENT (\$) 1,270.00			Attorney Docket 0470 - 050079									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
i	arge fee(s) indicate				Charge fee	(s) indicated	below, except for the	filing fee				
	arge any additional ler 37 CFR 1-16 ar		erpayments of fo	ee(s)	✓ Credit any	overpaymen	ts					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)												
		AND THE PROPERTY OF THE PROPER		or may b	e subject to a s	urcharge.)						
1. BASIC FILING			SEARCH I	FEES	EXAMINA	TION FEES						
			l Entity		mall Entity							
Application Ty	pe Fee (\$)	Fee (\$)	Fee (\$) Fo	ee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)				
Utility	310	75	510	255	210	105						
Design	210	105	100	50	130	65	***************************************					
Plant	210	105	310	155	160	80	 					
Reissue	310	155	510	255	620	310						
Provisional	210	105	0	0	0	0	19/411/16/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	The second secon				
2. EXCESS CLAI	M FEES						•	Small Entity				
Fee Description							Fee (\$)	Fee (\$)				
Each claim over 20 (including Reissues)							50	25				
Each independent claim over 3 (including Reissues) Multiple dependent claims							210	105				
Total Claims	- 20 or HP	Extra Clair	ns Fee (S	E)	Fee Paid (\$)		370 Multiple De	185 pendent Claims				
- Total Claims	= 20 01 111	Extra Clair	X	=	rec I aiu (5)		Fee (\$)	Fee Paid (\$)				
HP = highest number	of total claims paid	for, if greater the	an 20.	-			***************************************					
Indep. Claims	- 3 or HP	Extra Clair	ns <u>Fee (</u>	<u>\$)</u>	Fee Paid (\$)							
			_ x	= _								
HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under												
37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof.												
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Every Sheets Number of each additional 50 as fraction thereof Eco (5).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): RCE (\$810.00); Two Month Pet. for Ext. of Time (\$460.00)												
						-		1,270.00				
SUBMITTED BY / Paristration No.												
Signature	way	1-1-	Love		sistration No. torney/Agent)	22,132	Telephone 412-4	71-8815				

SUBMITTED BY	<u>, , </u>				
Signature	Way 1.	Registration No. (Attorney/Agent)	2,132	Telephone	410 471 0017
Name (Print/Type)	William H. Logsdon	// 0		Date	September 2, 2008
Machine Committee of the Committee of th	7				